



MCH Planning
Guidance and Contract Expectations

Colorado Maternal and Child Health

Session Outcomes



- Participants will gain an understanding of the MCH:
 - ▣ Contract expectations
 - ▣ Planning process including steps, timelines, and expectations
 - ▣ Data resources
 - ▣ Action plans, budgets, and budget narratives
 - ▣ Invoice preparation, progress check-ins, and annual reporting

FY13 UPDATES & FY14 MCH CONTRACT EXPECTATIONS

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FY13 Updates

- FY12 Unspent Funds
- Federal Funding Updates
- FY13 Action Plans
 - New deadline to add or delete an entire action plan:
May 31, 2013
- FY13 Budget Updates
- FY13 Budget Revisions
 - Budget revision deadline without SOW changes is still
August 31, 2013

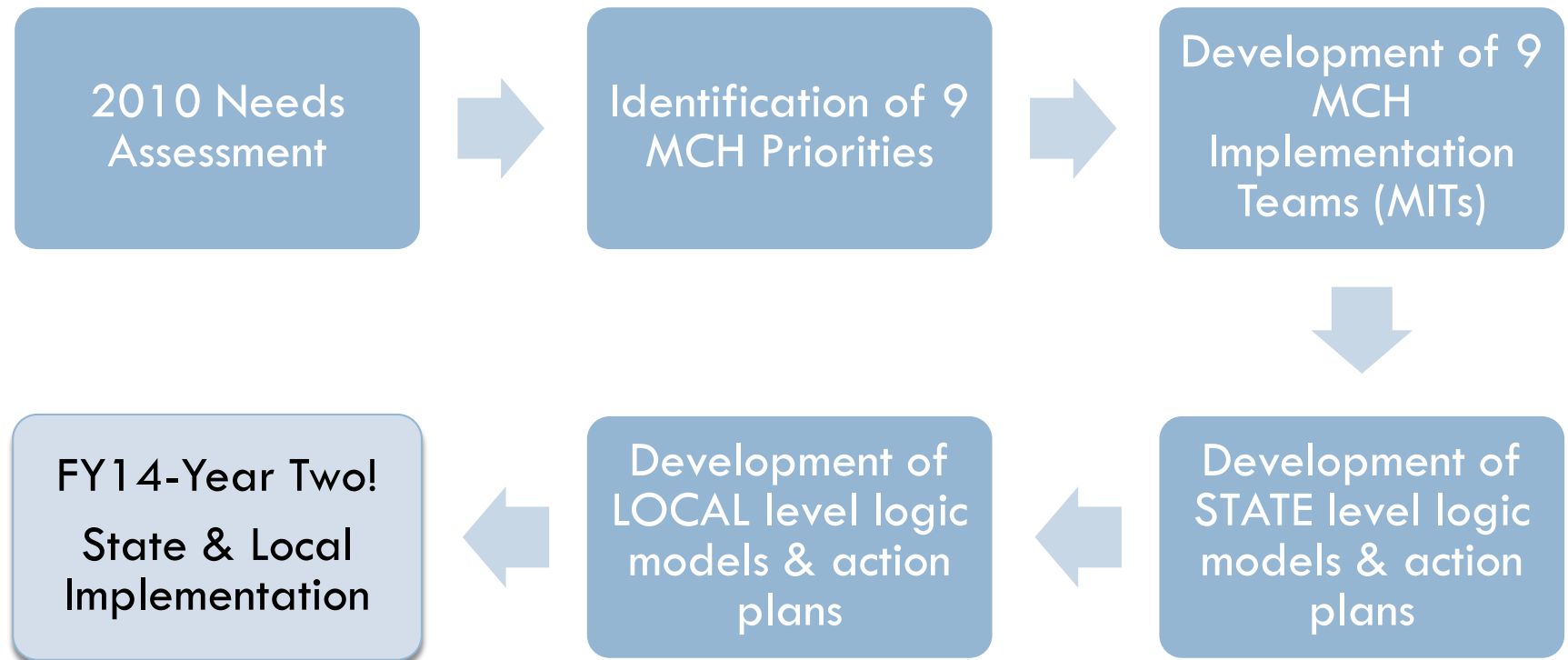
FY13 Updates

- FY13 Annual Reports
 - ▣ **New deadline: October 31, 2013**
 - ▣ Final FY13 invoice is still due by November 30, 2013

- Please remember: FY13 budget updates and budget revisions are due by **August 30, 2013**

We will revise the FY13 MCH Guidelines & post them on www.mchcolorado.org

MCH Priorities – Progress to Date



Administration

- ▣ Contract will be administered by the state MCH Program in partnership with HCP Program
- ▣ Agencies receiving >\$50K will participate in MCH planning, implementation, and reporting process

Support

- MCH Generalist Consultant works collaboratively year round with LPHA staff to complete the MCH process
- HCP Unit Staff: Specialty Clinic and Care Coordinator & Local Systems Building
- MCH Implementation Team Leads (MITs) – Provide TA & consultation related to the MCH Priorities
- MCH and HCP Unit Managers – Overall management and programmatic continuous quality improvement

FY14 MCH HCP Contract Expectations

- Required to implement the HCP Care Coordination Model including data entry in the CYSHCN Data System
 - In accordance with HCP CC Policies and Guidelines
 - Included in statement of work
 - Will not be included in action plans
 - HCP Care Coordination Planning form
- Required to implement the local action plan related to the medical home priority

FY14 MCH HCP Contract Expectations

- Percent of total MCH HCP funds must focus on implementing MCH-priority action plans, including the medical home priority.
 - ▣ FY14 – At least 20% of total MCH/HCP funds
 - ▣ FY15 and FY16 - At least 30% of total MCH/HCP

FY14 MCH HCP Contract Expectations

□ “Other” MCH HCP Work

- ▣ This is local work that is not guided by the MCH Priority action plans and is not HCP CC or Specialty Clinics
- ▣ Parameters for strategies:
 - Evidence-based
 - Core strategies must be population and infrastructure-based levels – majority of funding and effort;
 - Enabling services are allowable if they are evidence-based and complementary to the core strategies above.
 - Culturally sensitive
 - Clear MCH public health role

FY14 MCH PLANNING, IMPLEMENTATION, AND REPORTING PROCESS

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MCH Planning, Implementation, and Reporting Process

- Today we will discuss:
 - ▣ Timeline for FY14 planning process
 - ▣ Assessment and data resources
 - ▣ Action plan development
 - ▣ Core services and budget development
 - ▣ Plan implementation
 - ▣ Annual reporting

Timeline for Planning Process

See Step-by-Step Guide for more details.

April / May

- ✓ LPHAs meet with MCH Generalist and HCP unit staff for agency planning meeting regarding assessment, prioritization, action plan & budget development
- ✓ LPHAs consult with MCH implementation Team leads for technical assistance on MCH Priorities

Timeline for Planning Process

June 3 - Submit DRAFT FY14 MCH action plan, HCP planning forms, and budget/narrative form

June – Receive feedback from MCH Generalist. Finalize plans & budget/narrative forms.

July 1 - Submit all required FY14 planning documents by close of business to MCH Plan Database.

July- Receive feedback from MCH Generalist. If needed, complete requested revisions to finalize MCH FY14 plans and budgets and re-submit

See MCH Guidelines and the MCH website www.mchcolorado.org for instructions.

Timeline for Planning Process

August - Receive contract documents from CDPHE via e-mail on or before August 13.

September 13 - Return signed contracts to CDPHE.

October 1 - MCH contract becomes effective. Begin implementation of FY14 MCH plans and budget/narrative forms.

State MCH Internal Review Process

- MCH Generalist Consultant, MCH Unit Manager, MCH Implementation Team lead, MCH Fiscal Officer, and HCP unit staff review action plans & budgets.
- MCH Generalist provides LPHA with summary of the feedback.
- LPHA revises action plans and budgets, as needed, and resubmits forms.
- MCH Generalist sends final plan and budget approval email to LPHA.

Assessment of MCH Issues

- Assessment activities may include:
 - ▣ Conduct a community health assessment
 - ▣ Review quantitative & qualitative data
 - ▣ Identify key problems/issues in community
 - ▣ Analyze assets and gaps in community
 - ▣ Prioritize issues

Assessment Resources

- ▣ Evidence-Based Public Health framework/Brownson's Model
- ▣ Community Health Assessment and Planning System (CHAPS)
 - Community Prioritization Process
 - Public Health Improvement Plan
- ▣ Integration of Public Health Core Services, MCH Priorities, and Winnable Battles into local MCH work
- ▣ Other community health assessments

MCH HCP Data Resources

- ▣ County Trends Analysis
- ▣ Previous MCH County Data sets
- ▣ Colorado Health Indicators website
- ▣ County Health Information Dataset (CoHID)
- ▣ HCP FY12 Annual Report Data Sets:
 - Estimated CYSHCN population by county
 - CSHCN outcome measures
 - Medicaid and CHP+ enrollment by county
 - HCP supplemental data

Planning Timeframes

- One-year action plans over next several years
 - ▣ For example, your activities will span 1 year while your goal statement and objectives may cover a 3-year period
 - ▣ This allows for flexibility between years with changes in funding and staff

MCH Action Plan Components

- Background/Context
- Goals
- State and National Performance Measures
- Objectives
- LPHA lead
- Target Population
- Strategy
- Key Activities
- Evaluation Measures

See CD For More Info on Action Plans!



- A more detailed description of Action Plan components are included on your CD of materials!
Today, we will fast forward to the budget and budget narrative forms!

Background

- ▣ Drives the goal
- ▣ Provides context
- ▣ Justifies the program
- ▣ Frames the issue
- ▣ Supports with research

Background

- ▣ Identification of unmet needs
- ▣ Compare your community to others
- ▣ Relevant data (national, state, local)
- ▣ Evidence that community perceives this issue as a need (prioritization process)
- ▣ Consequences to individuals, families and communities (if need not addressed)
- ▣ Connection to CDPHE Winnable Battles, MCH Priorities, or HP 2020 objectives,

Goal

- **Overall** aim, mission, or purpose of program that addresses **long-term** effects
- Do not include baseline data or targets
- May be specific to County or State
- Set the foundation for writing your objectives
 - ▣ Reduce rate of unintended pregnancy among women of reproductive age (15-44) in Colorado
 - ▣ Increase proportion of children with special health care needs in County X that have a medical home

State and National Performance Measures

- Local MCH work must be linked to state and national performance measures
- See MCH Guidelines for a list of the performance measures

Objective

- Specific and measurable steps or outcomes that lead to the goal
 - ▣ Help set program priorities
 - ▣ Monitor progress toward goal
 - ▣ Set targets for accountability
 - ▣ Provide framework for program evaluation
 - ▣ Sets the foundation for planning activities

Objective

- A well-written and clearly defined objective is a S.M.A.R.T. objective:
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**elevant
 - **T**ime-bound

Objectives

- ❑ Objectives describe what tangible results will occur due to the program / project.
 - ▣ Increase the proportion of children in Carroll County who report wearing a bike helmet every time they ride a bike from 60% in 2009 to 75% in 2012.
 - ▣ By December 31, 2012, 75% of adolescents participating in the Park YMCA after school programs will consume five fruits and/or vegetables a day.

Evaluation of Objective

□ **As Measured by:**

- ▣ Enter how the objective will be measured.
What measure/indicator will change if the objective is successfully met?

□ **Evaluation of Measures:**

- ▣ For the final annual report, provide the actual measurement of progress

Evaluation of Objective

- For the final annual report, provide a brief narrative on the progress of the objective, including successes and challenges.
- ▣ Discuss how the strategy contributed to moving the objective forward

Target Population

- Focuses the program objective
- Identifies target for interventions
- Identifies the specific population
- May be the people who your program is serving **and/or** the people/providers/partners vital to the program & interventions
 - ▣ i.e. the people who work with & provide a service or intervention to the population in need

Strategy



- An evidence-based or promising practice intervention or approach that will drive the objective and guide the key activities
- Overarching intervention that “sums up” the activities

Key Activities

- Activities describe what a program intends to do in order to achieve the desired objective
 - ▣ By December 31, 2011, conduct 200 home safety assessments for people over age 65 in Adams County.
 - ▣ By August 31, 2012, engage 30 WIC families in a community garden in Aurora.
 - ▣ Many of the SMART criteria still apply

Key Activities

Key Activity	Target completion date	Person or group responsible	Monitoring plan	Completed
Describe the high level activities the agency will conduct in order to achieve the objective	Enter target date	Enter responsible party	Briefly describe how you will monitor progress on this activity	For the <u>final annual report</u> , comment if activity was completed or not

Action Plan Links:

Logic behind the Action Plan



BUDGET FORMS

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Budget and Budget Narrative Update

- Budgeting approach remains the same as FY13.
- Budget template has been revised.
- Changes include:
 - ▣ Budget narrative is included in budget form.
 - ▣ No question about using county funds as local match.
 - ▣ No Method A or B.
 - ▣ Simplified Indirect section.
 - ▣ Included instruction bubbles on the form.
 - ▣ Identify objectives from action plan on budget form by line item.
 - ▣ Importance of providing other sources of funds (HCP)

Planning Budget and Budget Narrative

- Shows the total costs associated with implementing the action plans
 - Please complete **Other Costs** column!
- Explanation of how agencies will spend MCH HCP dollars
- “Connects the dots” between the action plans/HCP planning forms and the cost
- Shows cost of plan’s effort is realistic & reasonable (cost and effort align)

Core Services Planning Estimate

- On Planning Budget form
- For each budget, review the objectives included in the corresponding MCH action plan(s). Estimate the percentage of total budget funds focused on the different levels of the MCH pyramid.
 - ▣ Direct Services
 - ▣ Enabling Services
 - ▣ Population-based Approaches
 - ▣ Infrastructure Building Approaches

HCP Specific Planning Budgets

HCP Care Coordination Planning form

- Answer planning questions 1-8
- Estimate the number of CYSHCN who will receive HCP care coordination services in FY14:
 - estimate CYSHCN who will receive an HCP Care Coordination action plan
 - estimate CYSHCN who will receive information only
- Check the “opt-in” or “opt-out” box for CRCSN

HCP Specialty Clinic Planning form

- Answer planning questions 1-5
- Estimate the FTE required to staff clinics

Each HCP Planning form should be accompanied by a budget planning form.

PLAN IMPLEMENTATION



Plan Implementation

- The plan implementation phase of the MCH planning process involves the implementation of the action plans and the related budget, as well as, the ongoing evaluation of the activities.

Plan Implementation

□ Invoicing Procedures

- LPHAs invoice the CDPHE for services rendered monthly each fiscal year.
- Agencies have 60 days after the end of the month in which services are rendered to submit their invoice
 - For example, invoices for services rendered in the month of October should be submitted by December 30th.
- Final invoice is due by **November 28, 2014**.

Plan Implementation



- Invoices should reflect the actual effort for the specific activity, program, or service.
- Invoices submitted for payment are reviewed in relation to the approved planning budgets.

Plan Implementation

□ Invoice

- ▣ Same invoice form as currently used.
- ▣ Submitted by email:
cdphe.psmchreports@state.co.us or by fax:
303-753-9249;
- ▣ Received by Laura Zuniga then to MCH Generalist Consultant;
- ▣ Reviewed by MCH Consultant and PSD Fiscal Officer;
- ▣ Sent to accounting for payment.

Plan Implementation

- **Action Plan Revision** – Revising objectives, activities, timelines:
 - ▣ Communicate with your MCH Generalist Consultant
 - ▣ Revise Action Plan
 - ▣ Submit to MCH Generalist Consultant for final approval
 - ▣ The revised plan replaces the original plan
 - ▣ See MCH Guidelines for detailed instructions

Plan Implementation

□ **Adding or Deleting Action Plan**

- Requires a contract amendment
- Will take 6-8 weeks for new plan to become effective
- Deadline to add or delete an action plan: *May 30, 2014*
- Communicate with your MCH Generalist Consultant
- Follow procedures as advised

Plan Implementation

□ Budget Revision

- LPHAs are required to complete a Budget Revision Request form for any budget changes that result in a **25%** variance in the total direct cost of the budget.
- Use Budget Revision form on www.mchcolorado.org.
- All budget revisions are due by August 29, 2014.
- Follow procedures as advised.

Plan Implementation

□ Budget Update

- LPHAs are required to notify their MCH Generalist Consultant with an updated budget if:
 - There is a new or different line item (such as a staff change or new expense) on the current planning budget;
 - OR if there is a movement of funds from one line item to another UNDER a **25%** variance in the total direct cost of the budget.
- Use current Budget Planning form, revise and send to MCH Generalist Consultant via email.
- All budget updates are due by August 29, 2014.
- See MCH Guidelines for detailed instructions.

Plan Implementation

□ **Progress Check-in Meetings**

- Designed for LPHAs, Generalist Consultants, and HCP Unit Staff to discuss the progress and/or challenges of planning, implementing or evaluating the MCH Action Plan or HCP Programs.
- The format and content vary throughout the year depending on the activities of the LPHA partners and the MCH Program (i.e. planning, reporting, etc.).
- Check-in meetings may also cover multiple fiscal years.

Plan Implementation

□ Progress Check-in Meetings

- October

- January

- April/May

- The MCH Generalist is responsible for scheduling the check-in.

Plan Implementation

- MCH Priority Action Plans
 - ▣ On-going technical assistance and consultation from MCH Generalist Consultant, HCP Unit Staff, and Implementation Team Leads

Plan Implementation

□ CMS Ratings:

- Occur 3x/year – October, February, June
- Reflect contractor performance
- MCH Generalist Consultant is responsible for assessing contractor performance and assigning the CMS rating with input from HCP Consultants, MITs, PSD Fiscal
- Categories: quality, timeliness, price/budget, business relations, and requirements in the scope of work
- Three-point scale: Above Standard, Standard, or Below Standard

Annual Reporting – Action Plan

- Three Annual Reporting fields are included in the Action Plan template:
 - ▣ Evaluation of Measure
 - ▣ Evaluation of Objective
 - ▣ Activity Monitoring Plan Completion

Annual Reporting

- Additional Annual Reporting documents:
 - ▣ Core Services Annual Report
 - ▣ HCP Annual Reports: Care Coordination and Specialty Clinic reports
 - ▣ See MCH Guidelines for more information

Annual reporting due on October 31, 2014



THANK YOU

Questions?

See MCH Guidelines for detailed information